



Summary Report

ESF Transnational Cooperation Platform

Community of Practice on Social Inclusion

Peer review on the transition from large-scale institutional care to community-based care

20 April 2021, online event

The peer review on the transition from large-scale institutional care to community-based care supported Community of Practice (CoP) Social Inclusion members to focus on approaches funded by the European Social Fund (ESF), in combination with other budgets, that support the transition from large-scale institutional care to community-based care.

The peer review on the transition from large-scale institutional care to community-based care, organised by the ICF Transnationality Team and the European Association of Service providers for Persons with Disabilities (EASPD), on behalf of the European Commission, was attended by 25 participants who represented managing authorities (MA), intermediate bodies (IB) as well as national and EU-level stakeholders.

The aim of the peer review was to examine the design and implementation of structural reforms and strategies that remove obstacles to deinstitutionalisation amongst service providers and professionals, service users, their families and communities.

The opening session showcased a comprehensive deinstitutionalisation (DI) strategy, which was developed as technical assistance by EASPD to the Greek government. Vasilis Kalopisis presented the strategy which is based on a legal analysis and stakeholder mapping to identify the main challenges. The strategy introduces the international legal framework for DI, values and principles, essential procedures and the vision behind the deinstitutionalisation process, focusing on strategic objectives for children and children with disabilities, adults with disabilities and older people. The strategy will be implemented in the Action Plan 2021-2026, focussing on goals, implementation indicators per action, detailed time frames, responsible implementation authorities, and financial resources (the plan will be carried out via national and ESF resources). For instance, specific actions are the development of alternative care measures for children, personal assistance schemes and supported employment for people with disabilities or staff training. Moreover, there are ongoing communication efforts to raise awareness and to address stereotypes.

The second part of the morning session explored the theme of staff training and involvement. Josep Maria Solé and Ferran Blanco from SUPPORT Girona in Spain presented the Erasmus+ funded TOPHOUSE project¹, which aims at defining and formally establishing the competences of professionals in the process of needs assessment, housing and support/care provision. The project which included organisations from seven countries developed good practices on integrated housing support, guidelines on individual needs and support for needs assessment, as well as a training course for staff to support those working in needs assessment and service provision.

¹ See more here: <https://www.easpd.eu/en/content/tophouse>

The afternoon session explored the theme of awareness-raising in the local community and working with families. Katri Hänninen, from the Service Foundation for People with an Intellectual Disability (KVPS) in Finland, presented the Programme for organising housing and related services for persons with intellectual and developmental disabilities in 2010–2020, implemented in Finland. This programme aimed at facilitating individual housing for persons with intellectual disabilities in ordinary living environments and thus reinforcing their social inclusion and equal treatment in communities and society. She underlined the important role families play in this transition process, but that they also need support and training. Noor Seghers from the University of Leuven presented the ESF-funded project 'Personal assistant - to be or not to be', carried out in Belgium, which focuses on the career choice of being a personal assistant for a relative. The project is inspired by an exchange with the Social Innovation Centre in Lithuania, so some of the tools that help to visualise emotions and needs were developed based on Lithuanian examples.

The peer review was closed by an intervention of Marie-Anna Paraskeva from the European Commission, who highlighted that the process of promoting the transition from institutional care to community-based care services started as a project under the ESF and the ERDF and then developed into a policy objective. She also stressed that while the process of deinstitutionalisation is often discussed in relation to persons with disabilities, it should be considered as a priority for a broad range of groups, including children, older people and other groups who live in institutions. In this context, it is extremely important for managing authorities to work closely with service providers and the civil society organisations on the ground.

Main messages from the event

Support and active involvement in the transition from large-scale institutional care to community-based care

- During the transition from large-scale institutional care to community-based care it is fundamental to **provide adequate support** to all individuals involved in the process. Closing institutions is not enough to ensure a successful transition. This should be accompanied by the development of new solutions and services to support service users based on the principle that service users exercise control over their lives and choose services most suitable for them. This is often a lengthy process with many steps which needs to deal with concerns and fears of everyone involved: policy-makers, local authorities, professionals and their managers, and service users and their families.
- A mapping of all available local support and **cooperation** between social, health, housing employment services, organisations representing service users and their families and wider community groups can contribute to address the needs of the users in a holistic, personalised way and to overcome the challenges created by a fragmented care system.
- **Active involvement** of all key actors (e.g. users, families, staff) from the beginning and throughout the transition is a key factor for trust and the ownership for community-based care. Services to support users should be developed following an approach based on **co-production**, designed with the users themselves, their families and communities.

Carrying out a successful staff training

- Within the transition from institutional care to community-based care it is important to develop training programmes for staff to facilitate a cultural shift in their working attitudes and methods, e.g. by developing their ability to address the needs of the users in a community-based setting.
- **Staff training** should be interactive, practical and balance the information about rights with practical working methods. Their content should be in line with the UNCRPD and follow an **approach based on human rights**. As an outcome of staff trainings,

professionals should be equipped with a correct understanding of the principle of **users' empowerment** and have access to practical methods to support the users. ESF funding can play an important role in designing training that provide staff with these skills.

- Persons with disabilities and their families can act as **trainers for staff** or participate in training in order to share their views and highlight their needs and actively participate in the recruiting of the staff that will support them.
- Consistent training for all actors in the community is necessary to transform care. As community-based care and personalised services require collaboration of many local actors, a **consistent training programme** and awareness-raising for these actors is important. For instance, while community-based services should be comprehensive in the education of social workers, other community actors, such as health care professionals or police could gain micro-credentials from the same course. An accreditation resulting from the completion of a training would also incentivise the participation.
- The 'best interest' paradigm, which prioritises the interest of persons with disabilities over their possibility to make choices about their life needs to be abandoned. Instead, professional staff should be trained to accept that individuals **have the right to choose and to take risks**. In this context, training should focus on assessment methods and tools that offer choice and listen to people and on risk management, explaining the responsibilities when providing a person with disability with more freedom.
- The **commitment of the leadership** in the transition from large-scale institutional care to community-based care can address the resistance of staff towards the process. For instance, this can be done via listening to concerns, a constant reference to human rights and open questioning of stereotypes.

Awareness-raising activities

- The development of community-based care is still hindered by stereotypes towards a certain group of service users, but also by uncertainty and concerns around the safety of the service user. Awareness-raising activities on international and national rights should be built around **clear messages and objectives** and their content, as well as channels should be adapted to the audience/target group.
- While carrying out awareness-raising, it is crucial to avoid the negative wording related to deinstitutionalisation and instead adopt a **positive narrative** built around supporting people to enjoy their human rights and be respected members of the community. It is also important to highlight that each individual can bring some added value and skills to the community.
- The **entire community** should be involved in the shift of mindset from institutional care to community-based care, with a particular attention to local community leading figures. As there is no one-size-fits-all for working with communities, it is important to understand the specificities and design a local, tailored approach that involves all relevant actors in the community.
- In order to work with a community, it is important to respect it, value it and use their strengths. Local community structures (e.g. sport clubs, youth associations, schools, libraries) are important assets and working with them can contribute to the **mainstreaming of all services** and inclusion of persons with disabilities in the community.

Working with the users and their families

- Family members support the moving process by thinking about the best solution for their next of kin and know their needs and wishes well. Families and service users need

to have **leadership** in the transition process from institutional to community-based care. Collaboration and trust-building with families are key success factors.

- The **lack of confidence** of the users themselves about their capability to live in the community, as well as the lack of families' trust in social services to provide an appropriate support in a setting of community-based care remain a challenge. A consistent trust-building process with the users and their families is a key success factor. Peer meetings and peer support networks between families of persons with disabilities can also help to address issues related to trust, security and safety.